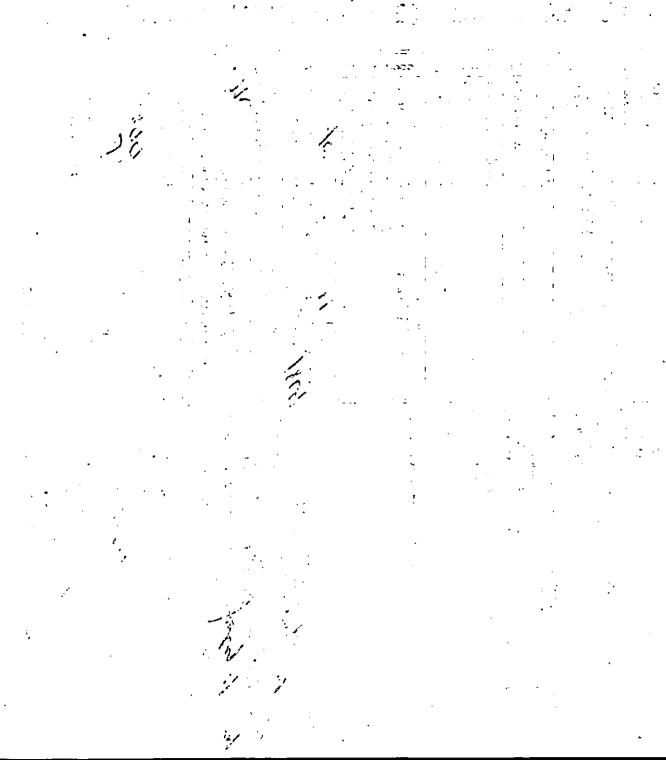
MISSOURI STATE BOARD OF HEALTH Do not use this space. very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 26529 1. PLACE OF DEATH County..... Registration District No...... Township Primary Registration District No Registered No. RECORD Residence, No..... (Usual place of abode) (If nonresident, give city or town and State) PERMANENT Length of residence in city or town where death occurred How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word). unni 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND** OF (OR) WIFE OF should 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at, The principal cause of death and related causes of importance were as follows: 7. AGE YEARS If LESS than ! MONTHS day,hrs. ormln 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CUPATION UNFADING 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years)
spent in this this occupation (month and may Other contributory causes of important year) occupation.... (STATE OR COUNTRY) should is, so the 13. NAME Name of operation. terms, 14. BIRTHPLACE (CITY OR TOWN) What test confirmed diagnosis information (STATE OR COUNTRY) HER 23. If death was due to external causes (violence), fill in also the following: plain 15. MAIDEN NAME Where did injury occur?.... 16. BIRTHPLACE (CITY OR TOWN) 9 (Specify city or town, county, and State) (STATE OR COUNTRY) N. B.—Every item of CAUSE OF DEATH Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... 18. BURIAL. Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?.... If so, specify..... 19. UNDERTAKER (ADDRESS) (Signed)..... Registrar.



Il Louis.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D., Special Agent, Jefferson City, Mo. 6698

Dear Sir:

It is essential that death certificates be complete in every particular in or-	
der that proper classification may be made	e. You are therefore requested to make
every effort to obtain the following information, indicated by check marks, lacking from the death certificate.	
Name: Ornest Stall	<i>y</i> ,
Who died at	/ on Vuly - 4-1934
Name: Ernest State Who died at Residence: No	St
	(If nonresident, city or town)
Length of residence in city or	
town where death occurred: Years	MonthsDays
Sex M Color or race W Single,	, married, widowed or divorced :
	•
Date of birthAge:	YearsMonthsDays
Occupation: (a) Trade, profession, or	
particular kind of work done, as spinner,	work was done, as silk mill,
sawyer, bookkeeper, etc.	saw mill, bank, etc.
Data decreed last weeked at this assumption	on. Month Voon
Date deceased last worked at this occupation	
Birthplace (State or country)	
Birthplace of father (State or country)	
Birthplace of mother (State or country)	
Principal cause of death:	
Other contributory causes of importance	•
Name of operation Date (nf
Name of operationDate of What test confirmed diagnosis?	Was there an autonsy?
If death was due to external causes (violer	nce) fill in also the following:
Accident, suicide, or homicide?	
Where did injury occur?	
(Specify	city or town, county and State)
(Spooliy	or of town, country and courte,
Specify whether injury occurred in industry	v. in home, or in public place.
Manner of, injury	
Nature of injury	
Was disease or injury in any way related to	o occupation of deceased?
If so, specify	
Name of physician	
Address of physician	
Signature of Registrar	2 Broke-b- 8-29-34
_ This information is sought for status	rical purposes only and in order that the
official report may be complete and correct	
closed official envelope which requires no	
	Very truly yours,

Primary Reg. Dist. No./003

Reg. Dist. No.

E. T. M. Haugh. M.D.
Special Agent. N.

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